



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

January 11, 2006

ALAN M ZAMORE  
23 MOUNTAIN AVE  
MONSEY, NY 10952  
US

Dear Sir/Madam,

Your refund request for 10688292 in the amount of \$43.00 has been denied .

You have 5 Independent claims minus 3 allowed so 2 must be paid for @ \$43.00 = \$84.00

Sincerely,

ELEANOR KURTZ  
Technical Center Others  
703 308-9010 x177

02/17/2004 12:14 FAX 8453526508

ZYLON

002/003



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application : Alan M. Zamore  
 Serial No. : 10/686,292  
 Filed : October 17, 2003  
 For : REDUCED PROFILE MEDICAL BALLOON ELEMENT  
 Examiner :  
 Attorney Docket : 2003-6  
 Group Art Unit : 3731

\*\*\*\*\*  
 I hereby certify that this correspondence is being deposited ☐ with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on 703-746-4106, or ☒ via fax to telephone number 703-746-4106

By

Alan M. Zamore

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REQUEST FOR REFUND OF FEE OVERPAYMENT

Commissioner for Patents  
 Washington, D.C. 20231

Sir:

With respect to the above mentioned application, I hereby request a refund for fee overpayment calculated as follows:

Fees paid at original filing:

Basic filing fee: \$385  
 35 -20 claims x \$9 = \$135  
 6 - 3 Independent claims x \$43 = \$129  
 Petition to make special: \$130  
 Total: \$779

\$43.00 refunded  
 request

02/17/2004 12:14 FAX 8453526508

ZYLON

003/003



U.S. Ser. No. 10/688,292  
Filed: October 17, 2003  
GAU: 3731

Fees due after amended filing:

Basic filing fee: \$385  
35 -20 claims x \$9 = \$135  
5 - 3 Independent claims x \$43 = \$86  
Petition to make special: \$130  
Total: \$736

Overpayment \$43 (\$779-\$736).

REMARKS

The refund is believed due since applicant paid for 35 total claims and 6 independent claims at the original filing. After the amendment, 35 claims and 5 independent claims remained.

Please refund the overpayment to the applicant at the address below.

If there are any questions with regard to this amendment please contact Applicant at the telephone number listed below.

Respectfully submitted,

ALAN M. ZAMORE

By 

Alan M. Zamore  
Applicant

23 Mountain Ave  
Monsey, NY 10952  
Telephone: (845) 425-9469  
Fax: (845) 352-6508

Date: 2/17/04

CLAIMS ONLY							SERIAL NO	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
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47							97		
48							98		
49							99		
50							100		
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	
TOTAL CLAIMS							TOTAL CLAIMS		